

ST. PATRICK CATHOLIC SCHOOL



Preschool REGISTRATION PACKET (3 year old program)

2018-2019 SCHOOL YEAR



St. Patrick Catholic Church

405 SOUTH CHURCH STREET • WENTZVILLE • MISSOURI • 63385

Dear Parents,

Preschool and Pre-K registration for the 2018-2019 school year begins Saturday, January 20, 2018. Applications are available to all St. Patrick families currently enrolled in our school and new families. Classes fill quickly. Preschool and Pre-K classes will be filled in the order in which applications are received. Applications are available in the school office or can be printed from www.stpatrickwentzville.org/school.

Preschool

- Birth Dates: 3 years old by July (Current Year)
- Class Size: maximum 12 students
- Tuesdays and Thursdays - 8:00 am - 11:00 am
- \$204 per month (9 months)
- Begins on Tuesday, September 4, 2018.

Pre-K

- Birth Dates: 4 years old by July (Current Year)
- Class Size: maximum 16 students
- Mondays, Wednesdays, Fridays - 8:00 am - 2:30 pm
- \$350 per month (9 months)
- Begins on Wednesday, September 5, 2018.
- Aftercare is available

Please contact the School Office 636-332-9913 ext. 240 or the Preschool Office ext. 304 to schedule a tour or to submit registration. With your application, please include a copy of your child's birth certificate, baptismal certificate, and current immunization records.

Blessings in Christ,

Mrs. Laurie Niehaus
Preschool Director
St. Patrick School

St. Patrick Preschool Program Application

3 yr. & 4 yr. old PreSchool T TH Half Day \$204.00 monthly

(For children entering Pre-K program the following year - Born on or after Aug. 1st)

Order of acceptance:

- Graduate of St. Patrick
- St Patrick Full Time School Family (currently in Full Time School)
- St. Patrick Parishioner
- Open Enrollment

Student Information

Name _____ Nickname _____

Date of Birth _____ Present Age _____ Gender: **M / F**

(Must be potty trained and have independent toilet skills)

Parent or Guardian Information

Mother's Full Name _____

Home Address _____

City _____ Zip Code _____

Cell# _____ Work# _____

Email Address _____

Occupation _____ Employer _____

Father's Full Name _____

Home Address (if different) _____

City _____ Zip Code _____

Cell# _____ Work# _____

Email Address _____

Occupation _____ Employer _____

Preference on which parent to call first: **Mother** **Father**

Marital Status _____ **If divorced, parenting plan must be forwarded to school office.**

Sibling's names and ages:

Family and Church Information

Religious Affiliation _____ Parish/Church _____

Has your child been baptized? _____ Date _____

The following people may pick up my child from Preschool:

1. _____ Phone#: _____

2. _____ Phone#: _____

3. _____ Phone#: _____

4. _____ Phone#: _____

Additional Emergency Contacts

Name _____

Relationship _____ Phone# _____

Name _____

Relationship _____ Phone# _____

Name _____

Relationship _____ Phone# _____

Health History

Does your child have any of the following?

Asthma _____ Vision problems _____ Hearing problems _____

Diabetes _____ Heart _____ Other _____

Allergies or any other health problems? (Please specify)

Special Foods or eating instructions

Medication taken regularly

For Office Use Only (2018-2019)			
<input type="checkbox"/> Registration Fee	_____	<input type="checkbox"/> Immunization	Date: _____
<input type="checkbox"/> Tuition Preference	_____	<input type="checkbox"/> Baptism Certificate	Time: _____
		<input type="checkbox"/> Birth Certificate	Teacher: _____

Terms and Agreements

- A. When my child is ill, I understand and agree that my child may not attend until my child is no longer contagious.

- B. I understand I must pay for a scheduled day even if my child is unable to attend.

- C. I understand that my child must be potty trained and have independent toilet skills.

- D. I agree that addendums can be made in the best interest of our program and will follow them within reason.

Signature of Parent or Legal Guardian

Date

This page is intentionally left blank.

PRESCHOOL (3 Year Olds) TUITION PAYMENT PREFERENCE FORM (this can be combined with school tuition payments in FACTS)

We are committed to paying **\$1,836.00** for our child's education for the 2018-2019 preschool year.

RESPONSIBLE PARTY NAME: _____
RESPONSIBLE PARTY EMAIL: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ PHONE: _____
OF STUDENTS _____ STUDENT NAME(S) _____

Tuition for the 2018-2019 payment plans

_____ **Option #1 – Full payment** of tuition by July 6, 2018, with a **2% discount** (no discount will be awarded after July 6th or if paid by credit card). **IF YOUR ACCOUNT IS NOT PAID IN FULL BY JULY 6, 2018, YOU MUST ENROLL IN FACTS. CALL THE PARISH OFFICE TO MAKE ARRANGEMENTS.**

_____ **Option #2 – 2 Payment plan through FACTS.** Payments withdrawn in July 2018 and January 2019 (Annual FACTS fee of \$10.00 will be deducted from your account shortly after the agreement is finalized).

_____ **Option #3 – 9 Monthly Payment Plan through FACTS.** The payments are budgeted over 9 months, July 2018 – March 2019. (Annual FACTS fee of \$43.00 will be deducted from your account shortly after the agreement is finalized.)

****Options 2 and 3: I want my automatic bank payments to be on the _____ 5th or _____ 20th of the month.**

If you were not previously enrolled in FACTS last year, sign up at

<https://online.factsmgt.com/signin/4313G>

This Payment Preference Form **must** be returned to the school office with your \$75 fee and registration packet. If you have any questions, please contact the parish office at (636) 332-9225.

Peace of Mind Tuition Protection Plan (POM): If enrolled in POM, FACTS will pay the remaining unpaid balance on your FACTS agreement (except payments in arrears) to your school in the event of the death of the covered person (responsible party or his/her legal spouse). Indicate below whether or not you wish to enroll. If no option is selected, your POM election will remain the same as the previous school year. (See FACTS contract for details)

_____ **Yes**, please enroll me in the POM plan, I agree to pay a nonrefundable annual fee of \$20.00 per FACTS Agreement. You must also complete the following information as it applies to the person responsible for payment. Coverage does not apply when cancer or complications related to cancer cause death, and the individual has received or been advised to receive medical advice, diagnosis, or treatment for cancer at the time coverage begins.

_____ **No**, I am not interested in the POM plan.

I agree to make tuition payments for the 2018-2019 school year according to the option indicated above. I have read the school policy regarding payment and agree to abide by this policy. The missed payment fee charged by FACTS will be \$30.00. If my bank information or any other enrollment information changes at any time, I will make the necessary changes to my online FACTS account.

Responsible Party Signature _____ Date _____

Office Use Only SS _____ Invoice _____ FACTS _____ OTHER _____

This page is intentionally left blank.

Archdiocese of St. Louis Media Authorization Form

For marketing and publicity purposes, there may be times when the school/parish/archdiocese wishes to use your and/or your child(ren)'s image, name, recording, or academic work in various media for marketing and/or publicity purposes. You may choose the appropriate level(s) of authorization. For your convenience, this one form covers all members of your family on one form.

AUTHORIZATION

Archdiocese of St. Louis: I grant permission to use my or my child's image, name, recording, or academic work in communications that include, but are not limited to, archstl.org, *St. Louis Review*, *Catholic St. Louis* magazine, archdiocesan social media, and any publication(s) by agencies administered by the Archdiocese of St. Louis.

Yes No

Parish/School: I grant permission to use my or my child/ren's image, name, recording, or academic work in communications that include, but are not limited to, parish bulletin, school newsletter, student newspaper, admission videos, parish/school website and social media.

Yes No

Sponsoring Organizations: I grant permission to use my or my child's image, name, recording, or academic work in websites, videos, and publications created by independent foundations and corporations that support Catholic education but are not legally connected to the Archdiocese of St. Louis, including, but not limited to, Today and Tomorrow Educational Foundation, Roman Catholic Foundation of Eastern Missouri, Access Academies, English Tutoring Project, and United Way.

Yes No

Secular media outlets: I grant permission to use my or my child/ren's image, name, recording, or academic work in secular media communications including, but not limited to, print, radio, TV and Internet (Examples: St. Louis Post-Dispatch, KMOX radio, and KSDK-TV).

Yes No

Family Authorization *(Please print clearly.)*

Family Name: _____

Phone: _____ Email: _____

School Name: _____

Parish Affiliation (if applicable): _____

Parent 1 Name: _____

Parent 2 Name: _____

Child(ren's) Name(s):

1. _____ Grade _____ Age _____

2. _____ Grade _____ Age _____

3. _____ Grade _____ Age _____

Parent/Legal Guardian Signature: _____ Date _____

Notes: (for staff only)

This page is intentionally left blank.

Physical Examination Form

In accordance with the recommendations of the **Saint Louis Archdiocese Health Advisory Committee**, all children are expected to have a complete physical examination upon entrance to **Preschool, Kindergarten, 3rd Grade, 6th Grade, and all newly enrolled students** who have not had a physical examination within the past twelve (12) months. The physical examination must be complete and signed by a medical doctor or physician assistant/nurse practitioner working under a collaborative practice agreement with a medical doctor.

This form is provided for the convenience of your child's physician. At the time of the examination, please have your physician complete and sign this form. **It is expected that each student have this form on file by the first day of school.**

School _____ Grade _____

Student's Name _____ DOB _____

Male or Female _____ Date of Exam _____

Height _____ Weight _____ BP _____ Pulse _____ BMI _____

General Appearance

Nutrition _____ Nose _____ Abdomen _____ Skin _____ Mouth _____ Back _____

Lungs _____ Genitalia _____ Head _____ Throat _____ Extremities _____ Heart _____

Neck _____ Eyes _____ Neurologic Exam _____

Physician comments & recommendations - Give details of Management of Significant

Illnesses _____

Can student carry a full program of school work? **Y / N**

Should physical activity be restricted **Y / N** (if no, explain) _____

Hearing Test: Type of Test _____ R L Both

Vision Test: Type of Test _____ R L Both

Physician Signature: _____ Date _____

Print Physician Name _____

Please attach a copy of the current immunization record here.